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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9566

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## APPLICANTS

Sureshchandra K. Patel, Hanover Park, IL;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL		20	4
Verified and Acknowledged	Examiner's Signature 	Initials			

## ADDRESS

23992  
 LAW OFFICES OF MARK E WIEMELT, PC  
 10 SOUTH LASALLE STREET, STE. 3300  
 CHICAGO, IL  
 60603

## TITLE

Headache, blood constipation, tapeworm, hemorrhoid, constipation and stomach acidity relief composition and method of use thereof

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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